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MARGIN RESERVED FOR BINDING

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Male</u>			

DATE OF BIRTH* March 23 - 1912
(Month) (Day) (Year)

FULL NAME	FATHER
<u>James J. Whitaker</u>	
FULL MAIDEN NAME	MOTHER
<u>Rosa M. Sewell</u>	

I HEREBY CERTIFY that the child described herein has been named

James Elgia Whitaker
(Give name in full) (Surname)

Mrs. Rosa Whitaker
(Parent's Signature)

Dr. J. L. Wales
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 7/11/40

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169-323-923